

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

9524

1. PLACE OF DEATH

City St Louis
Township Northwood
City No. 8241 Manchester Ward

Registration District No. 790

Primary Registration District No. 6133

File No. 87

Registered No. 87

St. _____ Ward _____

2. FULL NAME

John Whalen
(a) Residence No. 8241 Manchester
(Usual place of abode)

Ward _____

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

Yrs. _____

Mos. _____

Da. _____

How long in U.S., if of foreign birth?

Yrs. _____

Mos. _____

Da. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

July 31 1849

7. AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

77

7

29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

10. NAME OF FATHER

David Whalen

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

not known

12. MAIDEN NAME OF MOTHER

Paula Kniske

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

not known

14.

INFORMANT

(Address)

Edith G. Goodwin
8241 Manchester

15.

FILED

3/29

19

J. B. Sudduth

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Feb 29 1927

I HEREBY CERTIFY That I attended deceased from Jan 1, 1927, to Feb 29, 1927, and that I last saw him alive on Feb 28, 1927, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis

CONTRIBUTORY (SECONDARY)

91B

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No

DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

M. B. Bohn, M. D.
3/29, 1927 (Address) 4359 Chester

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Valhalla Cem.

3/31

1927

20. UNDERTAKER

ADDRESS

Corrohan 7146 Manchester

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

